

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Cassandra Thompson

Write the full name of each plaintiff.

CV  
(Include case number if one has been assigned)

-against-

Denis R. McDonough, Secretary, Department of  
Veterans Affairs Agency

Do you want a jury trial?

☐ Yes ☒ No

Christine Carballo, Chief Material Mgmt, Dept. of VA

Michael Ingino, Associate Director, Dept. of VA

Write the full name of each defendant. The names listed  
above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. PARTIES****A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Cassandra</u>	<u>T.</u>	<u>Thompson</u>
First Name	Middle Initial	Last Name
<u>8801 Fifth Avenue, 90456</u>		
Street Address		
<u>Brooklyn</u>	<u>NY</u>	<u>11209</u>
County, City	State	Zip Code
<u>(718)916-9148</u>	<u>sunji3@aol.com</u>	
Telephone Number	Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	<u>Denis R. McDonough, Secretary, Department of Veterans Affairs</u>		
	Name		
	<u>Department of Veterans Affairs (Agency), Office of General Counsel (024), 810 Vermont Ave, N.W.</u>		
	Address where defendant may be served		
	<u>Washington</u>	<u>DC</u>	<u>20420</u>
	County, City	State	Zip Code
Defendant 2:	<u>Christine Carballo, Department of Veteran Affairs-NYHHCS</u>		
	Name		
	<u>same as above (?)</u>		
	Address where defendant may be served		
	<u></u>	<u></u>	<u></u>
	County, City	State	Zip Code

Defendant 3:

Michael Ingino

Name

Same as above

Address where defendant may be served

County, City

State

Zip Code

**II. PLACE OF EMPLOYMENT**

The address at which I was employed or sought employment by the defendant(s) is:  
**Department of Veterans Affairs-New York Harbor Healthcare System**

Name

800 Poly Place

Address

BrooklynNY11209

County, City

State

Zip Code

**III. CAUSE OF ACTION****A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☒ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

☒ race:see complaint☒ color:see complaint☐ religion:☒ sex:see complaint☐ national origin:



- ☒ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: Mixed Ethnicity/African American/Black

- ☐ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: \_\_\_\_\_

- ☒ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: Mental and Physical-Military Related

- ☒ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: Mental and Physical-Military Related

- ☒ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

## B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☒ Other (may include other relevant federal, state, city, or county law):

See complaint US courts form.

#### IV. STATEMENT OF CLAIM

##### A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☒ did not hire me
- ☐ terminated my employment
- ☒ did not promote me
- ☒ did not accommodate my disability
- ☒ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☒ other (specify): Unfair treatment and labor practices and treatment towards Veteran employees

##### B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

I filed an appeal and reconsideration, however, due to unforeseen motor vehicle accident that had me incapacitated and hospitalized, receiving homecare, and recovery from Aug 2021 to April 2022 I was not able to follow-up with producing previously submitted evidence, nor cognitive capabilities to respond. Endured on-going continued retaliation and discrimination from Ms. Carballo for over ten years with no resolution but continued hostile work-environment with support of leadership (Mr. Michael Ingino, Ms. Jodie Jackson) who failed to address the matter. Ms. Carballo who was my Supervisor at the time fabricated a report of contact with support from Officer Hurdle whom is her relative (brother) with serious false accusations with an attempt to remove me from my duties, denial of pay, and termination. Ms. Carballo continued to display favoritism towards my white male counterparts and continued to undermine my character and work ethics, with falsified negative reports, using me as a scape goat with derogatory findings with the service, denial of promotions, training, and pay opportunities as that of my white male counterparts, and created tension amongst staff against me. Ms. Carballo in appropriate actions towards Veterans and used my disabilities as a means to intentionally promote triggers and discredit my abilities.

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.



**V. ADMINISTRATIVE PROCEDURES**

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

- ☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 2015, 2012, 2018, 2020, 2021

- ☐ No

Have you received a Notice of Right to Sue from the EEOC?

- ☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 31 Jan 2022

When did you receive the Notice? 10 Febuary 2022

- ☐ No

**VI. RELIEF**

The relief I want the court to order is (check only those that apply):

- ☒ direct the defendant to hire me
- ☐ direct the defendant to re-employ me
- ☒ direct the defendant to promote me
- ☐ direct the defendant to reasonably accommodate my religion
- ☒ direct the defendant to reasonably accommodate my disability
- ☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Monetary compensation for mental and physical duress, stress, and worsening of my medical condition and ability to properly function in an unsafe environment that has left me traumatized, clearance of my name, Processing of a fair and appropriate appraisal from 2010 to present, retro pay, pay grade actions for working in capcity as GS-9 and GS 11, promotions and pay grade increase, reprimand and holding leadership accountable for their unethcial actions, investigation of whistleblowing actions and retaliation behaviors. Receive considersion for job opportunities denied due to the hostile work environment and discredit of my name and work ethics.

**VII. PLAINTIFF'S CERTIFICATION**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

25 April 2022

Dated

Cassandra T.

Plaintiff's Signature

Thompson

First Name

Middle Initial

Last Name

8801 Fifth Avenue, 90456

Street Address

Brooklyn

NY

11209

County, City

State

Zip Code

(718) 916-9148

sunji3@aol.com

Telephone Number

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.





**United States District Court  
Southern District of New York**

## **Pro Se (Nonprisoner) Consent to Receive Documents Electronically**

Parties who are not represented by an attorney and are not currently incarcerated may choose to receive documents in their cases electronically (by e-mail) instead of by regular mail. Receiving documents by regular mail is still an option, but if you would rather receive them only electronically, you must do the following:

1. Sign up for a PACER login and password by contacting PACER<sup>1</sup> at [www.pacer.uscourts.gov](http://www.pacer.uscourts.gov) or 1-800-676-6856;
2. Complete and sign this form.

If you consent to receive documents electronically, you will receive a Notice of Electronic Filing by e-mail each time a document is filed in your case. After receiving the notice, you are permitted one "free look" at the document by clicking on the hyperlinked document number in the e-mail.<sup>2</sup> Once you click the hyperlink and access the document, you may not be able to access the document for free again. After 15 days, the hyperlink will no longer provide free access. Any time that the hyperlink is accessed after the first "free look" or the 15 days, you will be asked for a PACER login and may be charged to view the document. For this reason, *you should print or save the document during the "free look" to avoid future charges.*

### **IMPORTANT NOTICE**

Under Rule 5 of the Federal Rules of Civil Procedure, Local Civil Rule 5.2, and the Court's Electronic Case Filing Rules & Instructions, documents may be served by electronic means. If you register for electronic service:

1. You will no longer receive documents in the mail;
2. If you do not view and download your documents during your "free look" and within 15 days of when the court sends the e-mail notice, you will be charged for looking at the documents;
3. This service does *not* allow you to electronically file your documents;
4. It will be your duty to regularly review the docket sheet of the case.<sup>3</sup>

<sup>1</sup> Public Access to Court Electronic Records (PACER) ([www.pacer.uscourts.gov](http://www.pacer.uscourts.gov)) is an electronic public access service that allows users to obtain case and docket information from federal appellate, district, and bankruptcy courts, and the PACER Case Locator over the internet.

<sup>2</sup> You must review the Court's actual order, decree, or judgment and not rely on the description in the email notice alone. See ECF Rule 4.3

<sup>3</sup> The docket sheet is the official record of all filings in a case. You can view the docket sheet, including images of electronically filed documents, using PACER or you can use one of the public access computers available in the Clerk's Office at the Court.



### CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

#### Civil case(s) filed in the Southern District of New York:

Please list all your pending and terminated cases to which you would like this consent to apply. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

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**Thompson, Cassandra, T**

Name (Last, First, MI)

8801 Fifth Ave, 90456

**Brooklyn**

**NY**

**11209**

Address

City

State

Zip Code

**(718) 916-9148**

**sunji3@aol.com**

Telephone Number

E-mail Address

Date

Signature

25 Apr 2022



**Click Here to Save**